

Please refer to Section V. Line-by-Line Instructions for Completing EPA Form 8700-12 before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received
(For Official Use Only)

JUN 29 1999

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

☐

A. Initial Notification

☒B. Subsequent Notification
(Complete Item C)

C. Installation's EPA ID Number

I A D 0 0 0 2 2 2 6 5 3

II. Name of Installation (Include company and specific site name)

C l i m a x M o l y b d e n u m C o m p a n y

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

2 5 9 8 H w y 6 1

Street (Continued)

City or Town

F o r t M a d i s o n

State

Zip Code

I A

5 2 6 2 7 -

County Code

County Name

L e e

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

2 5 9 8 H w y 6 1

City or Town

F o r t M a d i s o n

State

Zip Code

I A

5 2 6 2 7 -

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (Last)

H e s t o n

(First)

S h e l l y

Job Title

E n v i r o n m e n t a l M g

Phone Number (Area Code and Number)

3 1 9 - 4 6 3 - 2 2 2 4

VI. Installation Contact Address (See Instructions)

A. Contact Address
Location Mailing☒

B. Street or P.O. Box

2 5 9 8 H w y 6 1

City or Town

F o r t M a d i s o n

State

Zip Code

I A

5 2 6 2 7 -

VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner

C y p r u s C l i m a x M e t a l s C o m p a n y

Street, P.O. Box, or Route Number

1 5 0 1 W. F o u n t a i n h e a d P k w y # 2 9 0

City or Town

T e m p e

State

Zip Code

A Z

8 5 2 8 2 -

Phone Number (Area Code and Number)

6 0 2 - 9 2 9 - 4 4 0 0

B. Land Type

P

C. Owner Type

P

D. Change of Owner
Indicator

Yes

X

No

(Date Changed)
Month Day Year

1 1 1 5 9 3

RCRIS data entered

by
onPCop nowcc
6/30/99R00132366
RCRA RECORDS CENTER

JUN 29 1999

Form Approved, OMB No. 2050-0028 Expires 10/01/99
GSA FPMR, 0146-EPA-01

ID - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions)

A. Hazardous Waste Activity

1. Generator (See instructions)
- ☐ a. Greater than 1000 kg/mo (2,200 lbs.)
- ☐ b. 100 to 1000 kg/mo (220-2,200 lbs.)
- ☒ c. Less than 100 kg/mo (220 lbs.)
2. Transporter (Indicate Mode in boxes 1-5 below)
- ☐ a. For own waste only
- ☐ b. For commercial purposes
- Mode of Transportation
- ☐ 1. Air
- ☐ 2. Rail
- ☐ 3. Highway
- ☐ 4. Water
- ☐ 5. Other - specify _____
- ☐ 3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity, see instructions.
4. Hazardous Waste Fuel
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketers
- ☐ c. Boiler and/or Industrial Furnace
- ☐ 1. Smelter/Referral
- ☐ 2. Small Quantity Exemption
- Indicate Type of Combustion Device(s)
- ☐ 1. Utility Boiler
- ☐ 2. Industrial Boiler
- ☐ 3. Industrial Furnace
- ☐ 5. Underground Injection Control

B. Used Oil Recycling Activities

1. Used Oil Recycling Marketer
- ☐ a. Marketer Directs Shipment of Used Oil to Off-Specification Burner
- ☐ b. Marketer Who First Claims the Used Oil Meets the Specifications
2. Used Oil Burner - Indicate Type(s) of Combustion Device
- ☐ a. Utility Boiler
- ☐ b. Industrial Boiler
- ☐ c. Industrial Furnace
3. Used Oil Transporter - Indicate Type(s) of Combustion Device(s)
- ☐ a. Transporter
- ☐ b. Transfer Facility
4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)
- ☐ a. Process
- ☐ b. Re-refine

IX. Description of Regulated Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001) ☒
2. Corrosive (D002) ☐
3. Reactive (D003) ☐
4. Toxicity Characteristic ☒
- (List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s))
- D 0 0 8 D 0 0 6 D 0 0 9

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See instructions if you need to list more than 12 waste codes.)

1 F 0 0 3 7	2	3	4	5	6 U 2 2 8 12
7	8	9	10	11	12

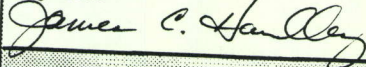
C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number; See instructions.)

1 P C B 2	2	3	4	5	6
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X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature



Name and Official Title (Type or print)

James C. Handley
Vice President/General Manager

Date Signed

6/23/99

XI. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)

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(Complete Item C)

C. Installation's EPA ID Number

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II. Name of Installation (Include company and specific site name)

C l i m a x M o l y b d e n u m C o m p a n y

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Street

2 5 9 8 H w y 6 1

Street (Continued)

City or Town

F o r t M a d i s o n

State

Zip Code

I A

5 2 6 2 7 -

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County Name

L e e

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Street or P.O. Box

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City or Town

F o r t M a d i s o n

State

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(First)

S h e l l y

Job Title

E n v i r o n m e n t a l M a n a g e r

Phone Number (Area Code and Number)

3 1 9 - 4 6 3 - 2 2 2 4

VI. Installation Contact Address (See Instructions)

A. Contact Address Location

☒ Mailing

B. Street or P.O. Box

2 5 9 8 H w y 6 1

City or Town

F o r t M a d i s o n

State

Zip Code

I A

5 2 6 2 7 -

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A. Name of Installation's Legal Owner

C y p r u s C l i m a x M e t a l s C o m p a n y

Street, P.O. Box, or Route Number

1 5 0 1 W. F o u n t a i n h e a d P k w y # 2 9 0

City or Town

T e m p e

State

Zip Code

A Z

8 5 2 8 2 - 1 8 6 9

Phone Number (Area Code and Number)

6 0 2 - 9 2 9 - 4 4 0 0

B. Land Type

P

C. Owner Type

P

D. Change of Owner Indicator

Yes ☒

No ☐

(Date Changed)

Month Day Year
1 1 1 5 9 3

JUN 29 1999

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

Form Approved, OMB No. 2050-0028 Expires 10/31/99
GSA No. 0246-EPA-07

ID - For Official Use Only

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4. Hazardous Waste Fuel
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketers
- ☐ c. Boiler and/or Industrial Furnace
- ☐ 1. Smaller Deferral
- ☐ 2. Small Quantity Exemption
- Indicate Type of Combustion Device(s)
- ☐ 1. Utility Boiler
- ☐ 2. Industrial Boiler
- ☐ 3. Industrial Furnace
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B. Used Oil Recycling Activities

1. Used Oil Recycling Marketer
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B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See Instructions if you need to list more than 12 waste codes.)

1 F 0 0 3	2	3	4	5	6 U 2 2 8
7	8	9	10	11	12

C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number; See Instructions.)

1 P C B 2	2	3	4	5	6
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X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature

James C. Handley

Name and Official Title (Type or print)

James C. Handley
Vice President/General Manager

Date Signed

6/23/99

XI. Comments

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**CLIMAX MOLYBDENUM
COMPANY**
A Cyprus Amax Company

Climax Molybdenum Company
P.O. Box 220
Fort Madison, Iowa 52627
(319) 463-7151
Fax: (319) 463-7315

JUN 29 1999

June 24, 1999

99ENV-025

U.S. EPA Region 7
RCRA Branch
Attn: WSTM/RCRA/Iowa
726 Minnesota Avenue
Kansas City, Kansas 66101

Subject: EPA Form 8700-12, Subsequent Notification

Dear Sir:

Enclosed is a updated Notification of Regulated Waste Activity (EPA Form 8700-12) for the Climax Molybdenum Company in Fort Madison, Iowa.

If you have any questions regarding this form please contact me at (319) 463-2224.

Sincerely,

Shelly Heston
Environmental Manager

SRB
Enclosure



**F
R
O
M**



**CLIMAX MOLYBDENUM
COMPANY**
A Cyprus Amax Company

P.O. BOX 220 • FORT MADISON, IOWA 52627

TO:

U.S. EPA Region 7
RCRA Branch
Attn: WSTM/RCRA/Iowa
726 Minnesota Avenue
Kansas City, Kansas 66101